

TAX OVERPAYMENT NOTICE

Dear Homeowner:

As the owner(s) of record for the below referenced property, we are informing you that our records show an overpayment on the property tax account. As required by §14-905 of the Annotated Code of Maryland, you must submit a written refund claim to be eligible for a refund. As a service to taxpayers, we ask that you complete the TAX REFUND CLAIM below and fax/mail to us **with all required supporting documents** for each payment. Refunds will be processed within 10 working days from the satisfactory receipt of all documentation. If you are not the current owner, please check here ☐ and return this notice to the address below. For more specific tax account information, please call (240) 777-8950 or visit the County's website at: www.montgomerycountymd.gov

TAX REFUND CLAIM

Parcel ID	Bill Number	Levy Year	Amount

Required Supporting Documents

(Provide proof of payments made by you, your mortgage/lender, or settlement company; check at least one box for each payment)

Type of Supporting Documents	Payment #1	Payment #2	Payment #3
• Copy of cancelled check (front and back) or bank statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of credit card statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mortgage/lender escrow account analysis or Form 1098	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Proof of payment from settlement company (HUD-1 Form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Electronic transaction document or other proof of payment(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please fax the claim with all required supporting documents to TAX REFUND CLAIM at 240-777-8947 or mail to:

MC Division of Treasury
255 Rockville Pike, Suite L-15
Rockville, MD 20850
Attention: TAX REFUND CLAIM

Upon satisfactory certification of the claim, the refund check will be made payable and mailed to the certified claimant as filed below:

Phone: _____

The undersigned, under the penalty of perjury, certifies that the information contained in this tax refund claim, is true and correct to the best of my knowledge, information and belief.

Submitted by: _____

Date: _____